

age of twelve; the second died at the age of eight, of hemorrhage from all the mucous surfaces; and the third, as before mentioned, from biting his tongue, when twenty months old. The blood from these hemorrhages was very fluid, of the ordinary colour, and coagulated like other blood.

The surviving boy has undergone the same complaints as his brothers; he is seven years old, of ordinary stature, delicate, rather thin, light complexioned, with light brown eyes, that are quick and intelligent; his skin is extremely white and transparent, with very little appearance of veins, that are very small, even on his hands and forearms; his face is exceedingly pale, but his nose, like that of his brothers, is of a bright red. His pulse is eight or ten beats quicker than in boys of his age, his breathing is normal, his gums are firm and sound, and the ends of his fingers exhibit no peculiarity. Respiration is puerile; there is slight hypertrophy, and the beats of the heart are very strong and smart (secchi), a circumstance also observed by his mother in the other children. The sounds of the heart are natural; and none of the children were subject to palpitation nor dyspnoea. No enlargement of the liver or spleen can be detected.—*Brit. and For. Med. Rev. from Omodei Annali. lxxxv. 1838.*

*6. Ulceration of the Throat extending to the Lingual Artery; death by Hemorrhage.* Dr. DUNCAN presented to the pathological society of Dublin the recent parts in this case. The patient, a young man, had been under treatment in the Adelaide Hospital, for ulcerated sore throat, for some time, when he was suddenly attacked with hemorrhage from the throat, which returned twice in the course of a fortnight. He had left the hospital, but was readmitted, and on the following day the bleeding returned with greater violence, and he was much exhausted.—The ulceration was found to have attacked the right lingual artery, which presented a perforation capable of admitting a large sized probe. The os hyoides was found to be carious. Dr. Duncan alluded to cases of the same kind which occurred under the care of the late Dr. M'Dowell, in one of which the external carotid had been tied with perfect success.—*Dublin Journal of Medical Science.*

*7. Softening of the anterior column of the Spinal Cord, in its cervical portion.*—Dr. POWER begged to draw the attention of the society to a well marked and recent specimen of acute softening of the anterior column of the spinal cord.—The patient, a woman *ætat. 50*, was suddenly attacked with paralysis of motion in the upper and lower extremities. The bladder and rectum were unaffected; a slight power of motion remained in the limbs. There was no loss of sensation; no fever, headache, or disturbance of intellect. Sensation in the paralysed portions was perfect. Soon afterwards she was attacked with dyspnoea, and her breathing became diaphragmatic; ultimately the diaphragm became paralysed, and death took place with great dyspnoea. The spinal column was opened on the following day, and the cervical portion of the medulla spinalis was found softened to a great degree.—*Ibid.*

*8 Fragilitas Ossium.*—Mr. ADAMS exhibited to the Dublin Pathological Society, the recently removed parts in this case, the subject of which was a man, *ætat. 41*, who had been an inmate of the House of Industry for five years, having been compelled to abandon his employment, in consequence of severe pains in the legs and thighs; he was bed-ridden for two years before his death; upon one occasion the left femur broke across in the centre from slight exertion; while raising himself in bed, the olecranon was fractured, and afterwards he got a fracture through the neck and trochanter of the right femur; during the latter part of his existence he suffered great agony, and died worn out by diarrhoea. Upon examination the muscles were found wasted, and containing between their fibres a soft unhealthy adeps; the bones were soft, and contained a large quantity of oily matter; the left femur was broken in its lower third and in its centre; the greater trochanter was separated from the shaft, and the cervix broken within the capsule, and absorbed completely; the two fractures which occupied the shaft of the bone had undergone osseous union, but with great overlapping and consequent shortening of the

limb; the fracture of the right femur ran through the trochanter, it was comminuted, and extended within the capsule; an immense quantity of osseous matter extremely porous and vascular in its texture, was thrown out on the entire of the left femur, and bony spiculae projected from it among the muscles; a large plate of bone was found in the glutæus medius.—*Ibid.* July, 1839.

9. *GUVON, on Living Worms under the conjunctiva of the Negro.*—Blot of Martinique has, like Bajon of Cayenne, and Mongin of St. Domingo, seen two worms in active motion under the conjunctiva, which he removed by incision. One of these, which was sent to M. Blainville, was thread-shaped, thirty eight millimetres long, with a black protuberance adapted for suction.

Bajon remarked (1768) a serpentine motion of a worm in the eye of a negress which, without giving pain, caused constant epiphora. When an incision was made, the worm went to another part, and was obliged to be secured with a small forceps. In a second case (1771) the conjunctiva was more inflamed, the patient refused to submit to operation. In Blot's case (1828) the worm lay on the outside of the eye, and sometimes turned around a portion of the corner, causing stinging pains and nervous symptoms arising probably from fear. The patient, an African negress, was unable to tell where she came from, or whether her fellow-country people were subject to this disease. A surgeon at Mompox (New Granada) offered to extract this worm, but his services were refused. The worms found by M. Guyon were not of the species termed *Filaria Medinensis*, which are found in abundance amongst Africans, and could not be secured by the forceps.—*Dublin Journal*, from *Zeitschrift für die gesammte Medicin*, Feb. 1839.

In the *London Med. Gazette* for Aug. 1833, there is given the case of a little girl, six years old, under whose conjunctiva, and resting on the sclerotica, there was found a cysticercus cellulosa perfect in all its parts.

10. *Chronic Endocarditis with permanent Patency of the aortic valves.*—Dr. Corrigan laid on the table of the *Dublin Pathological Society* the heart of a young man, who was attacked with acute rheumatism in 1822; he recovered from this under active treatment, but did not regain his usual state of health; he became subject to palpitations, for the relief of which strict antiphlogistic treatment was enjoined and persisted in, until the extreme debility of the patient would no longer allow of it; an opposite plan of treatment was then recommended, and under the use of stimulants and nutritious diet he improved rapidly. Being a member of the medical profession, he was elected in 1826 as superintendent of a dispensary in the country, and for many years was able to discharge his duties with great activity. In 1835, he applied to Dr. Corrigan for a certificate to enable him to effect an insurance on his life, and stated that his health was perfectly restored. Dr. Corrigan declined giving the certificate, having detected a bruit de soufflet under the sternum, accompanied by pulsation of the veins of the neck and fremitus of the carotids. He continued to enjoy tolerably good health until a few months ago, when he was attacked with symptoms of gastric and hepatic derangement, followed by debility and complete prostration; the action of the heart became so feeble, as to be scarcely perceptible, when he raised himself into the erect posture. He died in syncope.

Upon opening the chest some adhesions, seemingly of recent formation, were found between the heart and pericardium; a vast number of warty excrescences existed upon the surface of the aortic valves, which were thickened, indurated, and puckered, so as to be incapable of closing the opening of the artery; the left auriculo-ventricular opening was slightly contracted; the heart had acquired an enormous size, owing to the inefficiency of the aortic valves to discharge their functions.

Dr. Corrigan remarked that this case, taken in connection with others of a similar nature, led to the conclusion, that in permanent patency of the aortic valves hypertrophy of the heart is a provision of nature, to enable the organ to propel its contents, and support the additional weight thrown upon the ventricle, in consequence of the inadequacy of the valves to the performance of their func-